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PTO/SB/01 (6-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<p>0010/PTO Rev. 6/95</p> <p style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</p> <p><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing</p>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">H 35171 PCT/US</td></tr><tr><td>First Named Inventor</td><td>Holderbaum, Thomas</td></tr><tr><td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	H 35171 PCT/US	First Named Inventor	Holderbaum, Thomas	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	H 35171 PCT/US														
First Named Inventor	Holderbaum, Thomas														
<i>COMPLETE IF KNOWN</i>															
Application Number															
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR PRODUCING MULTI-PHASE CLEANING AND WASHING AGENT SHAPED BODIES

(Title of the Invention)

the specification of which ☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 7/6/1999 as United States Application Number or PCT International

Application Number PCT/EP99/04675 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
198 31 704.2	Germany	7/15/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
198 51 426.3	Germany	11/ 9/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP99/04675	7/6/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062	Daniel S. Ortiz	25,123
Glenn E. J. Murphy	33,539		
Stephen D. Harper	33,243		
Kimberly R. Hild	39,224		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **00423** OR ☒ Fill in correspondence address below

Name	Wayne C. Jaeschke						
Address	Henkel Corporation						
Address	2500 Renaissance Blvd, Suite 200						
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Thomas	Middle Initial		Family Name	Holderbaum	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Monheim	State		Country	Germany	Citizenship	Germany
Post Office Address	Holbeinstrasse 11						
Post Office Address							
City	40789 Monheim	State		Zip		Country	Germany
						Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Hans-Josef	Middle Initial		Family Name	Beaujean	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	Dormagen	State		Country	Germany	Citizenship	Germany		
Post Office Address	Carl-Friedrich-Schinkel-Strasse 43								
Post Office Address									
City	41539 Dormagen	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Juergen	Middle Initial		Family Name	Haerer	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany		
Post Office Address	Leinenweberweg 20								
Post Office Address									
City	40593 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Christian	Middle Initial		Family Name	Nitsch	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany		
Post Office Address	Otto-Hahn-Strasse 185								
Post Office Address									
City	40591 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Bernd	Middle Initial		Family Name	Richter	Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City	Leichlingen	State		Country	Germany	Citizenship	Germany		
Post Office Address	In den Weiden 61								
Post Office Address									
City	42799 Leichlingen	State		Zip		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Markus	Middle Initial		Family Name	Semrau	Suffix e.g. Jr.					
Inventor's Signature						Date					
Residence: City	Timmaspe	State		Country	Germany	Citizenship	Germany				
Post Office Address	Illoeweg 7										
Post Office Address											
City	24644 Timmaspe	State		Zip		Country	Germany	Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.					
Inventor's Signature						Date					
Residence: City		State		Country		Citizenship					
Post Office Address											
Post Office Address											
City		State		Zip		Country		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.					
Inventor's Signature						Date					
Residence: City		State		Country		Citizenship					
Post Office Address											
Post Office Address											
City		State		Zip		Country		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.					
Inventor's Signature						Date					
Residence: City		State		Country		Citizenship					
Post Office Address											
Post Office Address											
City		State		Zip		Country		Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto											